

L99000001987

CORPORATION(S) NAME

EmployersLink of Florida, LLC

FILED
02 OCT 14 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|----------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 OCT 14 PM 12:19
DIVISION OF CORPORATION

Name	_____
Availability	_____
Document	_____
Examiner	DCC
Updater	DCC
Verifier	_____
W.P. Verifier	_____
Online Management	DCC
W. P. Verifier	DCC

10/14/02

Order#: 5641213

Ref#: _____

Amount: \$ _____

400008360374--2
-10/14/02--01056--001
*****25.00 *****25.00



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 14, 2002

C T CORPORATION SYSTEM
660 E JEFFERSON ST
TALLAHASSEE, FL 32301

SUBJECT: EMPLOYERSLINKSM OF FLORIDA, LLC
Ref. Number: L99000001987

We have received your document for EMPLOYERSLINKSM OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you have on your application and the name we have on file is different. Please verify documents to make sure it's the same entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 902A00057315

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is _____

EmployersLinksm of Florida, LLC

2. The effective date of the limited liability company's dissolution is upon the date of filing 10-14-02

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Dissolution is occurring pursuant to the unanimous written agreement of the Members.

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.


6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

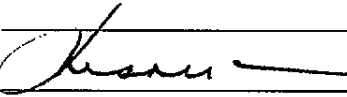
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name



Unisource Administrators, Inc.
By Andrew Olwert, President



Fireman's Fund Insurance Company
By Steven B. Resnick, Senior Vice President

Filing Fee: \$25.00